

DATE: 23Sept2005

(b) 6 & 7 (c)

SCENARIO: BM3 [REDACTED] will be working in the Hangar just before the GE Alarm sounds. He will trip on the Helicopter tie-downs on his way to his GE billet. He will suffer a compound fracture to his right arm and a bleeding head injury. He will be semi-conscious.

TRAINING MODE: Training

OBJECTIVES:

1. 1001.1 Provide first Aid to a casualty with a compound fracture.
2. 1001.9 Transport a personnel casualty.
3. 1001.14 Provide first aid to a casualty with a head injury.

							EFFECTIVENESS		
TIME	LOCATION/ W/S POSITION	TYPE INJURY (CATEGORY)	ITT MEMBER EVALUAT ING	METHOD OF DISCLOSURE	TRAINING/EVAL OBJECTIVE	REMARKS IF CORRECT ACTIONS TAKEN RTD	Watch standers	Training team	Objective met
TBD	[REDACTED]	Compound Fracture	HSC XXX	MOULAGE	EO 1001.1		Y	Y	Y
							N	N	N
TBD	[REDACTED]	Transport	HSC XXX	MOULAGE	EO 100.9		Y	Y	Y
							N	N	N
TBD	[REDACTED]	Head Injury	HSC XXX	MOULAGE	EO 1001.14		Y	Y	Y
							N	N	N

SAFETY

GAR Eval/SAFETY: Green

Transportation will be simulated unless ships MEDICAL REPRESENTATIVE is present to supervise AND a minimum of 4 stretcher-bearers is present. Under no circumstances will a patient be carried up or down ladders. In the event of an actual personal casualty that is beyond the scope of the immediate watchstanders, the medical portion of the drill will be suspended and the HS will be dispatched to the scene.

Risk Level:

0-25 Low Risk

26-52 Med Risk/ Benefits

53-70 High Risk/ Benefits

0- No Risk

10- Max Risk

Planning (Definition, Scope): 2

Supervision (Direct, Level): 2

Crew Selection (Quals): 3

Crew Fitness (Fatigue, Ect.): 7

Environment (Night/Day, Weather, Conflicts): 4

Evolution Complexity (Location, Length): 3

Equipment: 3

Total: 24

Overall risk is Low

HSC xxx
MDR/MTT

[REDACTED]
Executive Officer

Capt xxx
Commanding Officer

	MUST ACHIEVE 100% OF CRITICAL STEPS AND 70% OF NON-CRITICAL	
1001.1	<i>Provide First Aid for casualty with a Compound Fracture</i>	
1001.1.1	Was prompt self-aid/buddy-aid started?	Yes No N/A
1001.1.2	Was the casualty reported? If so, a complete and accurate plot of the casualty must be maintained on the bridge, in repair lockers, DCC, and BDS's.	Yes No N/A
1001.1.3	Did watchstanders obtain any needed assistance from other watchstanders or request stretcher bearers if on-scene personnel can not adequately handle the casualty?	Yes No N/A
1001.1.4	Were watchstanders familiar with the location and contents of the closest first aid supplies in their area?	Yes No N/A
1001.1.5	Was bleeding controlled effectively by applying pressure to the sides of the wound and not directly over the exposed bones?	Yes No N/A
1001.1.6	Was an appropriate sized battle dressing applied and its ties wrapped around the leg, weaving them down to apply even pressure over the entire dressing? The procedure is reversed for the lower ties.	Yes No N/A
1001.1.7	Was the injured limb splinted/immobilized correctly? a. Was the limb splinted in the position that it was found? b. Was the splint long enough to immobilize the joint above and below the fracture site and was it adequately secured to the injured limb	Yes No N/A
1001.1.8	Was a head to toe check for further injuries conducted?	Yes No N/A
1001.1.9	Was the casualty returned to duty?	Yes No N/A
1001.1.10	If the casualty was not returned to duty, was he properly positioned and treated for shock?	Yes No N/A
	Enabling Objectives and Measures of Performance	Objectives Met?
	MUST ACHIEVE 100% OF CRITICAL STEPS AND 70% OF NON-CRITICAL	
1001.9	<i>Transport a personnel casualty</i>	
1001.9.1	Was the appropriate stretcher used and was it in good condition?	Yes No N/A
1001.9.2	Did stretcher bearers arrive in a timely manner with their litter, first aid kit, and in proper battle dress?	Yes No N/A
1001.9.3	Did stretcher bearers report their arrival on scene?	Yes No N/A
1001.9.4	Did stretcher bearers assess, and if necessary reinforce buddy aid already rendered and was the casualty checked for further injuries?	Yes No N/A
1001.9.5	Was the casualty placed and secured on the litter properly with appropriate measures taken to prevent further injury? The casualty's shoulders should be aligned with the top of the litter with the head secured. The chest strap should be placed under the armpits. All straps should be secured snugly.	Yes No N/A
1001.9.6	Once the casualty is ready for transport, was a safe route obtained from DCC/CCS to the designated BDS?	Yes No N/A
1001.9.7	Did stretcher bearers report they were in route to the designated BDS?	Yes No N/A
1001.9.8	Was the casualty transported by at least four personnel in a safe and appropriate manner at all times?	Yes No N/A
1001.9.9	Was the casualty transported feet first, except when going up ladders? This is to allow the person at the head to continuously monitor the casualty.	Yes No N/A
1001.9.10	Were proper handling techniques demonstrated while transporting the casualty? If the situation calls for extraction of a casualty up or down ladders, a detachable safety or belaying line must be attached to the head of the litter. This safety line shall be rigged with at least three turns around a pipe or stanchion to prevent dropping the casualty. The safety line must be secured so that it won't be dragged while transporting the casualty.	Yes No N/A
1001.9.11	Was arrival of the stretcher bearers and casualty reported by the BDS?	Yes No N/A

Enabling Objectives and Measures of Performance

Objectives
Met?

MUST ACHIEVE 100% OF CRITICAL STEPS AND 70% OF NON-CRITICAL

1001.14 *Provide First Aid to a casualty with a head injury*

1001.14.1 Was prompt self-aid/buddy-aid started?	Yes	No	N/A
1001.14.2 Was the casualty reported? If so, a complete and accurate plot of the casualty must be maintained on the bridge, in repair lockers, DCC, and BDS's.	Yes	No	N/A
1001.14.3 Did watchstanders obtain any needed assistance from other watchstanders or request stretcher bearers if on-scene personnel can not adequately handle the casualty?	Yes	No	N/A
1001.14.4 Were watchstanders familiar with the location and contents of the closest first aid supplies in their area?	Yes	No	N/A
1001.14.5 Did watchstanders recognize the signs of a head injury? These include bumps, bruises, or cuts on the head; headache; dizziness; unconsciousness; bruising around the eyes or behind the ears; blood or clear fluid dripping from the nose and ears; pupils of one eye larger or smaller than the other; and extreme sleepiness.	Yes	No	N/A
1001.14.6 Did watchstanders take precautions against any unnecessary movement of the casualty?	Yes	No	N/A
1001.14.7 Was a head to toe check for further injuries conducted?	Yes	No	N/A
1001.14.8 Was the casualty properly positioned. The casualty should be positioned flat with the head and neck stabilized. Any bleeding should be controlled with gentle, continuous pressure. Direct pressure should not be applied if the skull is depressed or bone fragments are seen. If blood or clear fluid is dripping from the nose or ears, they should be covered with a loose dressing to absorb, but not stop the flow. If the casualty is vomiting or bleeding around the mouth, place them on their side, keep the neck as straight as possible.	Yes	No	N/A
1001.14.9 Was the casualty's breathing continuously monitored?	Yes	No	N/A
1001.14.10 Was the casualty treated for shock? The legs should not be elevated.	Yes	No	N/A